

**ELECTRONIC FUND TRANSFER (EFT) DEBIT AUTHORIZATION FOR ONE-TIME TRANSACTIONS**

**INSTRUCTIONS:** Print or type entries clearly. Carefully read and complete the entire authorization form. Mail the completed form to the appropriate Land and Water Management Division office you are authorizing to debit your account. For security purposes, do not email or fax this form. If you have questions about completing this form, call the phone number provided by the Land and Water Management Division office you are authorizing to debit your account.

1. Name		
2. Street Address		3. City, State, ZIP Code
4. Telephone Number ext		5. E-mail Address
6. Payment Amount	7. Payment Date	8. Payment Reference Number (Agency Use)
9. Account Number (at Financial Institution)		10. Routing Transit Number *
11. Name of Financial Institution		
12. Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings		13. Account Ownership <input type="checkbox"/> Consumer <input type="checkbox"/> Corporate
14. Business Name on the Account (If business)		

\* Contact your financial institution for the routing transit number, if unknown.

**AUTHORIZATION**

I authorize the State of Michigan to make a withdrawal by electronic transfer from the designated financial institution and account identified above. If the Payment Date is a State holiday or weekend the withdrawal will take place on the next business day.

I authorize the State of Michigan to return money that was withdrawn from my account in error by electronically adjusting my account. I understand I will be notified by the State of Michigan if adjustments are made.

I agree to comply with National Automated Clearing House Rules and Regulations about electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, amended, or repealed. Michigan law governs electronic fund transactions authorized by this agreement in all respects except as otherwise superseded by federal law.

If multiple account holders are required to authorize withdrawal of funds, then all must sign this authorization form.

Printed Name	Signature	Date
Printed Name of Joint Account Holder (if applicable)	Signature of Joint Account Holder (if applicable)	Date

RETAIN A COPY FOR YOUR RECORDS

**STATE OF MICHIGAN USE ONLY**

PERMIT FILE NUMBER(S)		
PERMIT FILE NUMBER(S)		
PERMIT FILE NUMBER(S)		
RECEIVED BY		AOBJ
DATE RECEIVED		
RESUBMISSION OF PAYMENT	<input type="checkbox"/> YES <input type="checkbox"/> NO	